

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration Center for Veterinary Medicine	Request For A Meeting Or Teleconference	Form Approved: OMB No. 0910-0452 Expiration Date: 03/31/2007
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Submit this notice electronically to: Food and Drug Administration Center for Veterinary Medicine, HFV- 7500 Standish Place Rockville, Maryland 20855 (E-mail:cvmdcu@fda.gov)	A1. DATE: A2. MULTIPLE DOCUMENTS: A3. DOCUMENT ID:	

The sponsor, _____, submits a request for a meeting or teleconference. This information is submitted in electronic form.

I. Meeting/Teleconference:

1. NAME(S) OF DRUG(S): _____
2. SPECIES OF ANIMALS: _____ PRODUCTION CLASS: _____
3. PROPOSED DATE(S) AND TIME(S): _____
Alternative Dates: _____
4. PURPOSE OF MEETING: _____
5. SPONSOR PARTICIPANTS: _____
6. REQUESTED CVM PARTICIPANTS: _____
7. TYPE OF MEETING: _____

In Person Conference	Teleconference	Video Teleconference
Other (Specify): _____		
8. AUDIO-VISUAL REQUIREMENTS: _____

Slides	Overhead	Computer Projection
Other (Specify): _____		
9. MEETING REQUEST PREVIOUSLY SUBMITTED TO CVM: YES NO

If Yes,	9a. Date Submitted to CVM: _____	9b. CVM Submission Identifier: _____
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II. Comments:

If you have additional comments that you would like to include in this submission please press the Insert Comments button below. All comments must be included within a PDF document.

III. Meeting Agenda:

Please press the Insert Agenda button to include your proposed meeting agenda. All meeting agendas must be included within a PDF document.

IV. Sponsor Information:

- | | | |
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| 1. | Name: | 1a. FEI #: |
| 2a. | Address: | |
| 2b. | Address 2: | |
| 2c. | City: | 2d. State/Prov: |
| 2e. | Country: | 2f. Postal Code: |
| 3. | Contact Name: | |
| 4. | Contact Phone Number: | |
| 5. | Contact Fax Number: | |
| 6. | Contact E-Mail Address: | |